### **CHAPTER 23**

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# CLAIM

On Account of Appropriation for

I hereb	y certify that the	ons and penalties of Chapter 155, Acts of 1953.  foregoing is just and correct, that the amount claimed is legally due, after same has been paid.	ter allowing all just

CLAIM NO WARRANT NO	I have examine certify as follows:	ed the within claim and hereby	
IN FAVOR OF	That it is in proper fo	orm. nticated as required by law.	
	That it is based upor	Contract n Statutory Authority	
\$	That it is apparently	correct	
ON ACCOUNT OF APPROPRIATION	Signature		Title
ALLOWED,	Date	I certify that the within bill is true and correct; that the supplies and materials therein itemized and for which charge was made were ordered by me and were necessary to the public business; that each and every item has been delivered to me and was in accordance with contract, except:	

# **ACOUNTS PAYABLE VOUCHER**

	Payee	Purchase Order No.	
		Terms	
		Date Due	
Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount
	<u> </u>		I
	I hereby certify that the attache for which charge is made were	ed invoice(s), or bill(s), is (are) true and correct and that the mate	rials or services
izad tharaan	ior which charge is made were	ordered and received except	
nized thereon			
nized thereon			
nized thereon	<del></del>		
nized thereon		Signature	Title
ized thereon		Signature	Title

VOUCHER NO	WARRANT NO	·			
			= ALLOWE <u>D</u>	IN THE SUM OF \$	<u> </u>
ON AC	\$ COUNT OF APPROPRIA FOR	ATION			
				Council Members	
	RIBUTION LEDGER CLASSI AID MOTOR VEHICLE HIGHV				
Acct. No.	Account Title	Amount	_		
			_		

Prescribed by State Board of Accounts

General Form No. 362 (Rev. 1987)

REPOI	RT OF COLLECTIO	NS		
To(Title of Officer)				
(Governmental Unit)		(C	ounty)	, Indiana -
Collections for Period,	to		·	
Description	Fund to be Credited	Collections This Period	Prior Collections	Year to Date Collections
Total Amount Collected				
I hereby certify that the foreg above named governmental unit for the period		ct report of co	llections due t	he
Dated this da	ay of	. ,		
NOTE This is not to be used as a receipt for collection	ns.		(0: 1 )	
The official to whom the report is made must is an official receipt for the collections remitted.			(Signature)	
			(Title of Office	er)

Prescribed by State Board of Accounts

General Payroll Form No. 99 (Rev. 1993)

#### **PAYROLL SCHEDULE AND VOUCHER**

NOTE: Total hours or days to be paid shall equal the days or hours worked

	(Office, B	oard, Departme	ent or Institution)	_			i	ınder i	olicies es	stablish	ed by th	e governi	ng body	/. The "	'Days Lost'		Dogo	_	o.f
For Period Beginning		, ar	nd Ending					columr such d	 only to s	alaried	employe	es (not h	ourly) n	ot entitl	ed to pay f	or	Page		IC
			DAYS O	R HOURS I	N PERIO	OD								EDUCTI	ONS				
						Other	Total								Insurance	Retirement			

						DAYS O	R HOURS I	N PERIC										EDUCT						
									Other										ln:	surance R	etiremen	it		
		Approp No.							Leave	_													Amount of	
		NO. or	C 0						C	or Hours	Poto			Fed.	Social		State	County	C		´		Warrant (Gross Pay)	
		Class		Noncash		Sick	Vacation			s To Be						Medicare			d		. I			Warrant
N	I IAME OF EMPLOYEE				Worked			Days	e Hou	rs Paid		Gross Pay	Total	Tax	Tax	Tax	Tax			Amount	Amoun	ıt	Deductions)	
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	Totals																							

CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT

A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

REGULAR TIME AND OVERTIME

Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

See following page for reverse side of this form.

Fund

COUN

STATE OF INDIANA

DISTRIBUTION OF EXPENSE CLAIM NO. \_\_ hereby certify that I have examined the time record of each employee listed on Pages \_\_\_\_\_\_ to \_\_\_\_ of this payroll, that each employee has performed the services for which the salaries or compensation is paid: that to the best of my knowledge and belief no part of the salary or compensation or any employee listed hereon is being divided or paid to any person on account of or by the reason of his employment: that the compensation listed opposite the name of each employee is based upon either statutory or regulatory authority and is justly due each such employee: that the deductions have been authorized for the purpose stated: that this payroll totalling si correct and has by me been approved. Appropriation or Approp. or Warrant No. \_ Account Title (Inclusive) Acct. No. PAYROLL OF Disbursing Officer (Office, Board, Department or Institution) (Fund) Total Gross Pay DEDUCTIONS Federal W/H Tax Social Security Tax Medicare Tax State W/H Tax CAGIT Insurance Retirement Net Amount of Warrants I have examined the within claim and hereby certify as follows: Allowed Total Gross Pay FILED In the Sum of \$\_ That it is duly authenticated as required by law statutory authority. incorrect. This is in proper form. That it is based upon That it is apparently Basic Pay Dated (Board of Commission)

Amount

Official Title

Prescribed by State Board of Accounts

City or Town Form No. 206 (Rev. 1975) General Form No. 360 (Rev. 1975)

### CLERK-TREASURER'S, CITY CONTROLLER'S AND CITY TREASURER'S MONTHLY FINANCIAL STATEMENT

City or Town of	Moi	nth of	,						
FUNDS	TOTAL JAN. 1 BALANCE AND RECEIPTS TO DATE	RECEIPTS FOR MONTH 2	TOTAL BALANCE AND RECEIPTS 3	DISBURSED TO DATE 4	DISBURSED FOR MONTH	TOTAL DISBURSEMENTS 6	TREASURER'S ENDING BALANCE	CONTROLLER'S ENDING BALANCE 8	
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BALANCE (Col. 7 must agree with C	ol 8)							╫ <del>┈┼┼┼┼┼┼</del>	
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	Total Jan. 1		Total Balance	1			Treasurer's	Controller's	
	Balance and	Investments	and	Investments	Investments	Total	Balance	Balance	
	Purchases	Purchased	Investments	Cashed	Cashed	Investments	of	of	
INVESTMENTS BY FUNDS	To Date	For Month	Purchased	To Date	For Month	Cashed	Investments	Investments	
INVESTMENTS BY LONDS	10 Date	T OF WORLD	1 di chasca	10 Bate	T OF WIGHT	- Cusilicu	IIIVCStillCitts	IIIVestificitis	
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Total of Investments by Funds	1-1111				$\parallel - \parallel \parallel$			$\parallel - \parallel + $	
Totals - All Funds (Col. 7 must agree	with Col. 8)								

City or Town Form No. 206 (Rev. 1975) General Form No. 360 (Rev. 1975)

### CLERK-TREASURER'S OR CITY TREASURER'S DEPOSITORY STATEMENT AND CASH RECONCILEMENT

City or Town of				Мо	nth o	of						_, _		_	
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City or Town Form No. 212 (Rev. 1975) General Form No. 361 (Rev. 1975)

### TREASURERS DAILY BALANCE OF CASH,

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City or Town Form No. 212 (Rev. 1975) General Form No. 361 (Rev. 1975)

### **DEPOSITORIES AND INVESTMENTS**

DATE .
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		Col	umn 1			<del></del>	<u>—</u>	Colun	<u>ın 2</u>	
Cash on Hand Beginning of Day (Line 11, preceding page)		$\dashv$	_	$\sqcup$		$-\!\!\!\!+$	十	$+\!\!+\!\!\!+$	$\dashv$	4—
Add Receipts for the Day (Line 1, Col. 2, opposite page)		$\rightarrow$		$\perp$		_	_	$oldsymbol{oldsymbol{+-}}$		
Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page)						_	_	$\bot$	_	
Totals				Ш		_	丄	$oldsymbol{oldsymbol{\sqcup}}$	_	!
Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page)						_	_	$\bot$	_	
Net Cash on Hand for which Accountable						Щ,	人	$\bot$	_	
Cash on Hand Close of Day (Per Cash Count):						$\prec$	4	$\longleftarrow$	_	
Currency					"	$\downarrow \downarrow \downarrow$	ے ک	4,1	_	!
Coins				$\downarrow \downarrow$	$\mathcal{I}$	$'/\!\!\!\!\perp$	$\forall$ $'$	$\mathcal{I}_{\mathcal{I}}$		4
Checks and Money Orders				17	0,	${\cal N}_{L}$	$\checkmark\!\!/$	44		4
Total Cash on Hand Close of Day			$\triangle ackslash$	1/1	\ A	$\rightarrow$	4	$\bot\!$		4_!
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)		_	7 /	1 J ,	/7 A	<u>_</u>	_	$\bot$	_	
Net Cash on Hand (After Deducting Advances)		<i>√</i> /	$\mathcal{A}''$	9, N	7/1		丄	$oldsymbol{\sqcup}$		
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)		<del>}</del> ///	4/ ح	$\searrow$	١, ٢		丄	$oldsymbol{\sqcup}$		
Total Cash on Hand an in Depository		-77.	4	Y I		_	_	$\bot$	_	
Add Cash Under		$\Rightarrow H$	لــ			_	_	$\bot$	_	
Deduct Cash Over		Ŭ4				_	_	$\bot$	_	
Total						_	_	$\bot$	_	
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)							丄	$oldsymbol{\sqcup}$		
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)				Ш		_	丄	$oldsymbol{oldsymbol{\sqcup}}$	_	!
						_	_	$oldsymbol{oldsymbol{+-}}$		
INSTRUCTIONS:			_	_	_	_	丄	$oldsymbol{oldsymbol{\sqcup}}$	_	!
(1) Lines 1, 2 and 3 reflect the transactions each day for the ledgers for all cash funds and all investmen					_	_	_	$oldsymbol{\sqcup}$		
(2) Lines 4A through 4J will be used for the various depositories and will reflect the transactions each da	ly for each deposit	ory att	ected		_	_	+	+	_	_
(3) Lines 6A through 6J will reflect the transactions each day of investments for each fund affected.	., ,,				_	_	+	+	_	_
(4) Line 7 will reflect the transactions each day of the investment made from the total of all monies on de	eposit, except for ii	nvestm	ents		-	<b>-</b>	+	+	$\dashv$	4—
made from fund balances under (3) above.	ī				-	<b>-</b>	+	+	$\dashv$	4—
(5) Line 8 will reflect the Transactions of Investments by Funds and from the depository balances in tota	l.				-	$\dashv$	+	$+\!\!+\!\!\!+$	$\dashv$	4—
(6) Line 9 reflects the transactions in Totals-Depositories and Investments.	D'ala ara ara da f				-	$\dashv$	+	+	$\dashv$	
(7) Line 2, Col. 3, reflects Investments Purchased from Ledger Balance-Cash Funds as a portion of the					-	$\dashv$	+	+	$\dashv$	
the day as shown on Line 1, Col. 4, and line 4A, Col. 4. On the same day investments are purchased	d trom a fund it sh	all refle	ect		_					

(9) Under the Names of Depositories section, Line 4, for each depository affected, Cols. 3 and 5, will be used only when investments are purchased or cashed from the total of all funds deposited in a depository account. The totals shown on Line 5, Col. 3, shall appear on Line 7, Col. 5, and the total shown on Line 5, Col. 5, shall appear on Line 7, Col. 3.

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PRESCRIBED BY STATE BOARD	OF ACCOUNTS							GENERAL FORM NO.	98 (REV. 1998)
			PURCHASE ORDE	ER					
NOTE: NO CLAIM WILL BE APP	ROVED								
FOR PAYMENT UNLESS ORIGINA						_			
OF THIS ORDER OR THE P.O. NU MADE A PART OF THE CLAIM.	IMBER IS		GOVERNMENTAL UNIT				P.O. NO.	This	
MADE A PART OF THE CLAIM.								This number must be shown on invoice, clair and delivery memos.	п,
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SHIP VIA CHARGE TO							indicate on I	Invoice or Claim.	
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			TOTA	L AMOUNT			•		
		LIGATED BALANCE IN THIS				ON THIS ORD	ER MUST BE	ACCORDING TO PRICES SHOWN ABOVE	
APPROPRIATION SUFFICIE	NT TO PAY FOR THE	: ABOVE ORDER		•	JKDE	KDI			-
			<u>-</u>	_				Title	_
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Prescrib	bed by t	the State	e Board	of Acco	ounts																G	eneral Payroll	Form No. 99A	(Rev. 1998)
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REMA																	AL SECURITY	CARD					EMPLOYEE	NUMBER
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Basis	s of Pa	ay: (H	r., Da	y, Wee	k, Bi-	Week	ly, Mo	nth)																Zii OODL
Date	of Bir	th:												SOC	. SEC. N	IO.				CLASSIFICA	ATION			
		ork Sch	a a dula	. *										OFFI	CE, BO	ARD OF	R DEPT.			BEGIN. DA	TE EMPL.		LEAVE ACC	RUAL DATE
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<sup>\*</sup> EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

		IVIILEA	GE CLAIM				
(GC	VERNMENTAL UNIT)	-	TC				
(OFFICE, BOARD	, DEPARTMENT OR INSTITUTION)	-	ON .	ACCOUNT OF A	APPROPRIATION NO	_ FOR	
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l II	AUTO LICENSE NO.			l II	TOTALS		
DOMETER READ	ING columns are to be used only when o	distance between points cannot be deter	mined by fixed n	nileage or officia	I highway map.		

Voucher No Warrant No	I have examined the within claim and hereby certify as follows: That it is in proper form.
IN FAVOR OF	That it is duly authenticated as required by law.
	That it is based upon statutory authority
\$	Disbursing Officer
On Account of Appropriation No for	
	itemize to the or gov
Allowed,	certify that erning ordir
in the sum of \$	I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necess to the public business; and that the rate per mile is in accordance with statu or governing ordinances, except
	s true and corr made was ord ne rate per mil
(Board or Commission)	ect, that the mi ered by me an
FILED	I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except
(Official Title)	

Prescribed by State Board of Accounts General Form No. 350 (Revised 1983)

### **REGISTER OF INVESTMENTS**

Name of Unit	Fund

(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

Data	Noture		SAFEKEEPII	NC DECEID	т	Rate			AMOUNT	DAII	n		Date		0.04	OUNT REC				INTE RNED	REST	CEIVE	_
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FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS					GE	NERAL FORM	NO. 352 (REV. 1997)
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THE SUM OF						100	DOLLARS
ON ACCOUNT OF			<u> </u>				
			AUTHORIZEI	D SIGNATURE			

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# **ACCOUNTS PAYABLE VOUCHER REGISTER**

	ı	Governmental Unit Agency		board show accounts p for entering	uld a baya g ac ontii	appear only on the solution on account to a later in a	the fina re allow ts paya	al page of each wed. (2) The M able vouchers if	natures of governing meeting in which leemorandum column is disallowed in whole or poard, or for other	
For Period		, to	,				ı	Page	of Pages	3
Prescribed by	State Board or Ad	counts							General Form No. 364 (1997	)
DATE FILED	VOUCHER NUMBER	NAME OF CLAIMANT	OFFICE, DEPARTMENT OR FUND	AMOUNT C		AMOUNT ALLOWEI		CHECK/ WARRANT NUMBER	MEMORANDUM (See Note (2) Above)	
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(IC 5-	·11-10-2	permits the go		CE OF VOUCHER		r in lieu of signi	ng each claim	the governing body is allo	wing.
vouch	We han	ve examined thallowed as sho	ne vouchers listed on the formula with the second the Register such vote the second to the second the second to the second the second to the second the se	orgoing accounts   ouchers are allowe	payable vouche ed in the total ar	r register, consi	sting of	pages, and except for	
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SIGNATURES OF GOVERNING BOARD

DATE		RETURNED WHEN YOU PAY.  READING	PRESCRIBED BY STATE GAL. OR CU. FT.	BOARD OF ACCOUNTS FOR	RM NO. 311 (REV. 1975) AMOUNT
RECEIPT No.		PRESENT	GAL. OR GO. 1 1.	WATER CHARGE	AWOON
METER No.	-	PREVIOUS		WATERCONTROL	
ACCOUNT No.		CONSUMED		_	
		•	SEWAGE DISP	OSAL CHARGE	
	Received Paym	ent	ARREARS SI	EWAGE	
DUE 30TH OF MONTH IN	By.		CALECTAV		
WHICH BILL IS RECEIVED.	Бу		SALES TAX ARREARS W	ATER	
WINOIT BILL IO RECEIVED.			DISC. OR COLLE		
WATER UTILITY				TOTAL	
10% OF THE FIRST \$3.00 AND				•	•
3% OF THE BALANCE OF BILL					
WILL BE ADDED IF NOT PAID			((0)////		
WHEN DUE.	NAME	, ()	/////		
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SEWAGE PENALTY 10% OF BILL					
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	INIOINICII AL	WATER & SEWA	JE OTILITIES	CHOROBOSC	J, INDIANA
	ı				
Note:	The sewage	disposal charge is	not subject		
	to sales tax.		•		

#### ACCOUNTS RECEIVABLE CONTROL

When utility records are kept on a cash or single-entry basis, a separate control account should be carried on General Ledger Sheet, General Form No. 315, in the front of the Consumer's Ledger. This account will be debited with the total monthly billing to all customers for utility services including penalties and sales tax. This account will be credited with the total accounts receivable collections, penalties and sales tax shown by the Register of Daily Cash Receipts - Consumers.

Under normal conditions the individual active accounts of customers should at all times show debit balances and at the end of each month the individual active accounts should be added and the total so obtained checks against the balance of the control account. If any adjustments are necessary to be made either to the control or to the individual active accounts, proper explanation should be recorded in the records.

When any adjustment is made to a customer's account in order to correct an error in a previous charge or credit, a like entry should be made to the control account; debiting the control to increase the charge and crediting the control to decrease the charge in order to keep the total of the individual active accounts in agreement with the control.

After all efforts have been exhausted to effect collection of delinquent accounts, and after service has been discontinued and meter deposits applied, a list of uncollectible accounts should be submitted to the board for approval before being written off and transferred to an uncollectible accounts file. After approval has been made a matter of record the total of these accounts, including the sales tax thereon, will be credited to the control account.

The foregoing procedure for handling uncollectible accounts is not applicable to delinquent sewage accounts. The procedure for collecting delinquent sewage accounts will be found on Pages 51-88 to 51-91.

When utility records are kept on an accrual or double-entry basis the Accounts Receivable account in the General Ledger serves as a control of all individual accounts in the Consumer's Ledger and the foregoing procedure would not be applicable.

#### REGISTER OF DAILY CASH RECEIPTS - CONSUMERS

er-iviuri	icipal Sewage Utility		DE	PAR	TMEN	IT				MC	ONTH	OF_												F	'AGE	<u> </u>	-		
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Prescribed by State Board of Accounts Form 315

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# SIMPLIFIED CASH JOURNAL WATER UTILITY - CLASS C

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# SIMPLIFIED CASH JOURNAL WATER UTILITY - CLASS C

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#### **CAPITAL ASSETS LEDGER**

FUND	
DEPARTMENT OR BUILDING	i

							Amount		Тур	es of Capital As	ssets		
Date of Purchase	Description of Asset	Serial Number	Location of Asset	Original Cost of Asset	Estimated Life of Asset	Date of Disposal of Asset	Received on Disposal or Trade in	Land	Buildings	Improvements Other Than Buildings	Machinery and Equipment	Construction in Progress	Total Capital Assets
1													
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10				71171									
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HRS WORKED	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	MEDICARE	STATE WITH. TAX	INSURANCE		NET PAY	PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING
Prescribed t	by State Board of	f Accounts					·		Form No. 21	19 (Rev. 1993)
Appr. No.		\$ \$ 	<u>.</u>			FUND	No			
			-	Exampl	le Dist					
	RANT VOID TWO (2) 31 OF THE YEAR (		Pay to the Order of			, 20				\$
	MUNITY STAT BROOK, INDIA								100	Dollars
								FISCAL	OFFICER	